Application for Federal Assistance SF-424 Version 02				
*1. Type of Submission:	*2. Type of Applicati	on * If Revision, select appropriate letter(s)		
☐ Preapplication	⊠ New			
	☐ Continuation	*Other (Specify)		
☐ Changed/Corrected Application	Revision			
3. Date Received: 4. Applicant Identifier: 01/15/2010				
5a. Federal Entity Identifier: *5b. Federal Award Identifier:				
State Use Only:				
6. Date Received by State:	7. State Ap	plication Identifier:		
8. APPLICANT INFORMATION:				
*a. Legal Name: Harris County				
*b. Employer/Taxpayer Identification 76-0454514	Number (EIN/TIN):	*c. Organizational DUNS: 072206378		
d. Address:				
*Street 1: 8410 Lante	ern Point Drive			
Street 2:	·			
*City: <u>Houston</u>				
County: <u>Harris Cou</u>	nty	<u> </u>		
*State: <u>Texas</u>				
Province:				
*Country: <u>USA</u>	<del></del>	•		
*Zip / Postal Code <u>77054</u>			<del>, , , , , , , , , , , , , , , , , , , </del>	
e. Organizational Unit:			·····	
Department Name:		Division Name: Housing & Community Development		
Community Services	f narran ta ba aantaa	eted on matters involving this application:		
		David		
Prefix: Mr.  Middle Name: B.	First Name.	David		
Middle Name: B.  *Last Name: Turkel		4		
Suffix:				
Title: Director				
Organizational Affiliation:				
*Telephone Number: (713) 578-200	0	Fax Number: (713) 578-2090		
*Email: david.turkel@csd.hctx.net				

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type:	
B.County Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency: U.S. Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
<u>14-218</u>	
CFDA Title:	
Community Development Block Grants/ Entitlement Grants	
t40 Funding Operation by Number	
*12 Funding Opportunity Number:	
*Title:	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Harris County	
*15. Descriptive Title of Applicant's Project:	
Harris County PY2010 Community Development Block Grant Program	
Harris County 1 12010 Community Severapinent Blook Grant 10gram	

Application for Federal Assistance SF-4	24 Version 02
16. Congressional Districts Of:	
*a. Applicant: Texas Districts	*b. Program/Project: Texas Districts
17. Proposed Project:	
*a. Start Date: 3/1/2010	*b. End Date: 2/28/2011
18. Estimated Funding (\$):	
*a. Federal 10,796,676	
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*g. TOTAL 10,829,154	
*19. Is Application Subject to Review By Sta  ☑ a. This application was made available to th ☐ b. Program is subject to E.O. 12372 but has ☐ c. Program is not covered by E. O. 12372	ne State under the Executive Order 12372 Process for review on
*20. Is the Applicant Delinquent On Any Fed ☐ Yes	eral Debt? (If "Yes", provide explanation.)
herein are true, complete and accurate to the be with any resulting terms if I accept an award. I a me to criminal, civil, or administrative penalties.	e statements contained in the list of certifications** and (2) that the statements est of my knowledge. I also provide the required assurances** and agree to comply am aware that any false, fictitious, or fraudulent statements or claims may subject (U. S. Code, Title 218, Section 1001)
** I AGREE  ** The list of certifications and assurances, or as	n internet site where you may obtain this list, is contained in the announcement or
agency specific instructions	1 Internet site where you may obtain this list, is contained in the announcement of
Authorized Representative:	
Prefix: Mr.	*First Name: David
Middle Name: B.	
*Last Name: <u>Turkel</u>	
Suffix:	
*Title: Director	
*Telephone Number: (713) 578-2000	Fax Number: (713) 578-2090
* Email: david.turkel@csd.hctx.net	1
*Signature of Authorized Representative:	*Date Signed: /- / 3-10

Application for Federal Assistance SF-424	Version 02	
Applicant Federal Debt Delinquency Explanation		
The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.		

Application for Federal Assistance SF-424 Version 02				
*1. Type of Submission:	*2. Type of Applicat	*2. Type of Application * If Revision, select appropriate letter(s)		
☐ Preapplication	⊠ New			
	☐ Continuation	*Other (Specify)		
☐ Changed/Corrected Application	Revision			
3. Date Received: 4. Applicant Identifier: 01/15/2010				
5a. Federal Entity Identifier: *5b. Federal Award Identifier:				
State Use Only:			····	
6. Date Received by State:	7. State Ap	pplication Identifier:		
8. APPLICANT INFORMATION:	_	,		
*a. Legal Name: Harris County				
*b. Employer/Taxpayer Identification 76-0454514	Number (EIN/TIN):	*c. Organizational DUNS: 072206378		
d. Address:				
*Street 1: <u>8410 Lan</u>	tern Point Drive			
Street 2:				
*City: Houston				
County: <u>Harris Co</u>	unty	<del></del>		
*State: <u>Texas</u>				
Province:				
*Country: <u>USA</u>	-			
*Zip / Postal Code 77054				
e. Organizational Unit:				
Department Name:		Division Name:		
Community Services		Housing & Community Development		
f. Name and contact information		cted on matters involving this application:		
Prefix: Mr.	*First Name:	David		
Middle Name: B.				
*Last Name: <u>Turkel</u>				
Suffix:				
Title: Director				
Organizational Affiliation:				
*Telephone Number: (713) 578-2000 Fax Number: (713) 578-2090				
*Email: david.turkel@csd.hctx.net				

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type:	
B.County Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency:	
U.S. Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
<u>14-231</u>	
CFDA Title:	
Emergency Shelter Grants Program	
*12 Funding Opportunity Number:	
*Title:	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Harris County	
name county	
*15. Descriptive Title of Applicant's Project:	
Harris County PY2010 Emergency Shelter Grants Program	
	·

	Federal Assistance SF	<b>424</b> Version 02
16. Congression	al Districts Of:	
*a. Applicant: Te	xas Districts	*b. Program/Project: Texas Districts
17. Proposed Pr	roject:	
*a. Start Date: 3/	1/2010	*b. End Date: 2/28/2011
18. Estimated Fu	ınding (\$):	
*a. Federal	478,555	
*b. Applicant		
*c. State	•	<del></del>
*d. Local		_
*e. Other		
*f. Program Incom		_
*g. TOTAL	478,55	
<ul><li>☑ a. This applic</li><li>☑ b. Program is</li></ul>	cation was made available to	tate Under Executive Order 12372 Process?  the State under the Executive Order 12372 Process for review on as not been selected by the State for review.
		deral Debt? (If "Yes", provide explanation.)
☐ Yes	⊠ No	(iii ) oo y promuu orpianano,
herein are true, c with any resulting	omplete and accurate to the terms if I accept an award.	the statements contained in the list of certifications** and (2) that the statements best of my knowledge. I also provide the required assurances** and agree to comply I am aware that any false, fictitious, or fraudulent statements or claims may subject s. (U. S. Code, Title 218, Section 1001)
		an internet site where you may obtain this list, is contained in the announcement or
** The list of certi	nstructions	an internet site where you may obtain this list, is contained in the announcement or
** The list of certi agency specific in	nstructions	an internet site where you may obtain this list, is contained in the announcement or  *First Name: David
** The list of certing agency specific in Authorized Reprintments.	resentative:	
** The list of certing agency specific in Authorized Reprinciples:	nstructions resentative:	
** The list of certing agency specific in Authorized Reprinciples.  Prefix: Middle Name:	esentative:  Mr. B.	
** The list of certing agency specific in Authorized Reprinciples.  Prefix: Middle Name:  *Last Name:	esentative:  Mr.  B.	
** The list of certing agency specific in Authorized Reprince Prefix: Middle Name: *Last Name: Suffix: *Title: Director	esentative:  Mr.  B.	
** The list of certing agency specific in Authorized Reprince Prefix: Middle Name: *Last Name: Suffix: *Title: Director  *Telephone Numles	mestructions  resentative:  Mr.  B.  Turkel	*First Name: <u>David</u>

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Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424	Version 02
*Applicant Federal Debt Delinquency Explanation	
The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.	
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Application for Federal Assistance SF-424 Version 02				
*1. Type of Submission:	*2. Type of Application	ion * If Revision, select appropriate letter(s)		
☐ Preapplication	⊠ New			
	☐ Continuation	*Other (Specify)		
☐ Changed/Corrected Application	Revision			
3. Date Received: 4. Applicant Identifier: 01/15/2010				
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:		
State Use Only:				
6. Date Received by State:	7. State Ap	plication Identifier:		
8. APPLICANT INFORMATION:				
*a. Legal Name: Harris County		-		
*b. Employer/Taxpayer Identification N 76-0454514	Number (EIN/TIN):	*c. Organizational DUNS: 072206378		
d. Address:				
*Street 1: 8410 Lante	ern Point Drive			
Street 2:				
*City: <u>Houston</u>	·			
County: <u>Harris Cour</u>	nty	<b></b> -		
*State: <u>Texas</u>				
Province:				
*Country: <u>USA</u>				
*Zip / Postal Code 77054				
e. Organizational Unit:				
Department Name:		Division Name:		
Community Services		Housing & Community Development		
		ted on matters involving this application:		
Prefix: Mr.	*First Name: D	David		
Middle Name: B.				
*Last Name: <u>Turkel</u>				
Suffix:				
Title: Director				
Organizational Affiliation:				
*Telephone Number: (713) 578-2000		Fax Number: (713) 578-2090		
*Email: david.turkel@csd.hctx.net				

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type:	
B.County Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency:	
U.S. Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14-239	
CFDA Title:	
HOME Investment Partnerships Program	
*12 Funding Opportunity Number:	
*Title:	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Harris County	
·	
*15. Descriptive Title of Applicant's Project:	
Harris County PY2010 HOME Investment Partnership Program	

Application for	Federal Assistance SF-	<b>424</b> Version 02
16. Congression	al Districts Of:	
*a. Applicant: Tex	as Districts	*b. Program/Project: Texas Districts
17. Proposed Pr	oject:	
*a. Start Date: 3/1	1/2009	*b. End Date: 2/28/2010
18. Estimated Fu	nding (\$):	
*a. Federal	3,714,611	
*b. Applicant		
*c. State		
*d. Local		<del>-</del>
*e. Other	ne 7,503	
*f. Program Incom *g. TOTAL		_
g. TOTAL	3,722,114	_
☐ b. Program is		the State under the Executive Order 12372 Process for review on 10/15/ s not been selected by the State for review.
	ant Delinquent On Any Fe ⊠ No	deral Debt? (If "Yes", provide explanation.)
herein are true, co with any resulting t me to criminal, civi	mplete and accurate to the baterms if I accept an award. It il, or administrative penalties cations and assurances, or a	he statements contained in the list of certifications** and (2) that the statements pest of my knowledge. I also provide the required assurances** and agree to comply am aware that any false, fictitious, or fraudulent statements or claims may subject . (U. S. Code, Title 218, Section 1001)
Authorized Repre		
_	Mr.	*First Name: <u>David</u>
-	3.	
_	<u>Furkel</u>	
Suffix:		
*Title: Director		
*Telephone Numbe	er: (713) 578-2000	Fax Number: (713) 578-2090
* Email: david_turl	kel@hctx.net /	)
*Signature of Author	orized Representative	*Date Signed: 1-13-10

Application for Federal Assistance SF-424	Version 02
*Applicant Federal Debt Delinquency Explanation	
The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.	